PAGE 1 / 53

Image# 201601319004964255

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X FO	or Other Than An	Authorized Com	mittee		Office Use Only
1. NAME OF TOOMMITTEE (in full)	TYPE OR PRINT ▼	Example: over the lii	If typing, type nes.	12FE4M5	
National Nurses United	for Patient Prote	ection			
ADDRESS (number and street)	8630 Fenton Street, S	suite 1100			
Check if different than previously reported. (ACC)	Silver Spring			MD	20910
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00490375		3. IS THIS REPORT	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 X January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Electic Report for to (d) 30-Day POST-Elect Report for to	Election on Genera	May 20 (M5) Jun 20 (M6) Jul 20 (M7) y (12P) ntion (12C) Al (30G)	Sep :	in the State of
5. Covering Period 07	01 2		ough 12	31	2015
I certify that I have examined this Type or Print Name of Treasurer	Report and to the be Martha Kuhl	est of my knowledge	and belief it is tr	ue, correct and	complete.
Signature of Treasurer Martho	a Kuhl	-		Date 01	31 / 2015 / 2015
NOTE: Submission of false, erroned	ous, or incomplete infor	madon may subject tr	e person signing t	uns Report to th	FEC FORM 3X
Use Only					Rev. 12/2004

SHMMARY DAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		. 490 =
National Nurses United for Pati	ient Protection	
Report Covering the Period: From:	07 01 7 2015	To: 12 31 / Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		147329.84
(b) Cash on Hand at Beginning of Reporting Period	244536.11	
(c) Total Receipts (from Line 19)	2222523.34	2349523.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2467059.45	2496853.18
7. Total Disbursements (from Line 31)	1333014.70	1362808.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1134044.75	1134044.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a m	nulticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Nurses United for Patient Protection

ntributions (other than loans) From:	Total This Period	COLUMN B Calendar Year-to-Date
minediane (enter than leane) From		
Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(1)	0.00	0.00
	0.00	0.00
	0.00	0.00
Lines IT(a)(i) and (ii)	0.00	0.00
Political Party Committees	0.00	0.00
	2222523.34	2222523.34
	2222523.34	2222523.34
ty Committees	0.00	0.00
Loans Received	0.00	0.00
an Repayments Received	0.00	0.00
	7	7
efunds, Rebates, etc.)		
arry Totals to Line 37, page 5)	0.00	127000.00
funds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
Federal Candidates and Other		
itical Committees	0.00	0.00
ner Federal Receipts		
	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
a fi i i i i a	(ii) Unitemized	(ii) Unitemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period		
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating			
	Expenditures(c) Total Operating Expenditures	18721.01	18721.01	
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	18721.01	18721.01	
2.	Transfers to Affiliated/Other Party		200	
23.	Contributions to	0.00	0.00	
	Federal Candidates/Committees and Other Political Committees	245000.00	245000.00	
4.	Independent Expenditures	019403.60	019403 60	
5.	(use Schedule E)	918493.69	918493.69	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
)G	Loan Ponsyments Made	0.00	0.00	
Ю.	Loan Repayments Made	0.00	0.00	
27.	Loans MadeRefunds of Contributions To:	0.00	0.00	
.0.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
	man i onical committees	0.00	7 7 7	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
	(aud Lines 20(a), (b), and (c))	7 7		
29.	Other Disbursements	150800.00	180593.73	
0.	Federal Election Activity (2 U.S.C. §431(20))			
	(a) Allocated Federal Election Activity			
	(from Schedule H6) (i) Federal Share	0.00	0.00	
	(i) i edelai Silaie			
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
	(c) Total Federal Election Activity (add			
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
1.	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1333014.70	1362808.43	
2.	Total Federal Disbursements			
۲.	(subtract Line 21(a)(ii) and Line 30(a)(ii)			
	from Line 31)	1333014.70	1362808.43	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2222523.34	2222523.34	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2222523.34	2222523.34	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18721.01	18721.01	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	127000.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	18721.01	-108278.99	

S 17

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 OF 53	
	EMIZED RECEIPTS	Use separate schedule(s)			
•••			Detailed Summary Page	11a 11b X 11c 12	
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions	
<u>\</u>	NAME OF COMMITTEE (In Full)	name and a	adioce of any political committee	o to conor contributions from cash committee.	
	National Nurses United for Patie	ent Prote	ction		
Α.	Full Name (Last, First, Middle Initial) National Nurses United			Date of Receipt	
	Mailing Address 8630 Fenton Street Suite 1100			09 01 2015	
	City	State	Zip Code	Transaction ID : C9818549	
	Silver Spring	MD	20910	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		249975.70	
	Name of Employer	Occupation			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		2222523.34	1	
	Other (specify) ▼		2222020.04		
В.	Full Name (Last, First, Middle Initial) National Nurses United			Date of Receipt	
	Mailing Address 8630 Fenton Street			M = M / D = D / Y = Y = Y	
	Suite 1100	State	Zip Code	09 23 2015	
	Silver Spring	MD	20910	Transaction ID : C9818550 Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		1370397.83	
	Name of Employer	Occupation			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	33 3		1	
	Other (specify) ▼		2222523.34		
C.				Date of Receipt	
	Mailing Address 8630 Fenton Street Suite 1100			09 23 2015	
	City	State	Zip Code	Transaction ID : C9818551	
	Silver Spring	MD	20910	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		234135.35	
	Name of Employer	Occupation			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	22.0		1	
	Other (specify) ▼		2222523.34	I I	
s	UBTOTAL of Receipts This Page (optional)			1854508.88	

TOTAL This Period (last page this line number only).....

S 17

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 53				
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
	LIMIZED RECEIP 13		Detailed Summary Page	11a 11b X 11c 12				
Ar	y information copied from such Reports and St	atements ma	av not be sold or used by any p	erson for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and a	address of any political committee	e to solicit contributions from such committee.				
	Name of committee (In Full) National Nurses United for Patie	nt Prote	ction					
Α.	Full Name (Last, First, Middle Initial) National Nurses United			Date of Receipt				
	Mailing Address 8630 Fenton Street Suite 1100		7.0	09 29 / 2015				
	City Silver Spring	State MD	Zip Code 20910	Transaction ID : C9818552				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 106195.16				
	Name of Employer	Occupation	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2222523.34					
В.	Full Name (Last, First, Middle Initial) National Nurses United			Date of Receipt				
	Mailing Address 8630 Fenton Street Suite 1100			10 01 2015				
	City Silver Spring	State MD	Zip Code 20910	Transaction ID : C9818553 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		252618.96				
	Name of Employer	Occupation	1					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2222523.34					
<u> </u>	Full Name (Last, First, Middle Initial) National Nurses United			Date of Receipt				
	Mailing Address 8630 Fenton Street Suite 1100			10 27 2015				
	City Silver Spring	State MD	Zip Code 20910	Transaction ID : C9818554 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		9200.34				
	Name of Employer	Occupation	ו					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2222523.34					
s	UBTOTAL of Receipts This Page (optional)			368014.46				

TOTAL This Period (last page this line number only).....

2222523.34

ľ

SCHEDULE B (FEC Form 3X)	Llea caparata ashadula/s\	FOR LINE NUMBER: PAGE 8 OF		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		d by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) National Nurses United for Patier				
Full Name (Last, First, Middle Initial)				
A. Autumn Press			Date of Disbursement	
Mailing Address 945 Camelia St			12 10 2015	
City Berkeley	State Zip Code CA 94710-1437		Transaction ID : D691234	
Purpose of Disbursement Printing for PAC			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	1134.91	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Autumn Press			Date of Disbursement	
Mailing Address 945 Camelia St			09 30 2015	
City Berkeley	State Zip Code CA 94710-1437		Transaction ID: D693071	
Purpose of Disbursement Printing for PAC			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	7418.31	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. California Nurses Association			Date of Disbursement	
Mailing Address 2000 Franklin Street			12 23 2015	
City Oakland	State Zip Code CA 94612		Transaction ID : D693076	
Purpose of Disbursement Office suplies for PAC Candidate Name		Category/	Amount of Each Disbursement this Period	
Office Sought: Senate President State: Disburs	ement For: Primary General Other (specify) ▼	70.5		
Senate President	Primary General Other (specify) ▼	Type	1803.6	

S	CHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 9 OF			OF.	53									
	EMIZED DISBURSEMENTS	Use separate schedule(s	۱ I	_	Conly (_				I AC	~-		<u> </u>	
• •	LIVIIZED DIODONOLIVILIVIO	for each category of the Detailed Summary Page	`		21b [22		23		24		25		26
		Detailed Summary Page		Н	27	28a		28b		28c	Н	29		30b
Ar	ny information copied from such Reports and Stater	nents may not be sold or u	sed by	any	persor	n for the	pur	pose (of so	olicitina	con	ıtribu	tions	 3
	for commercial purposes, other than using the nan													
\setminus	NAME OF COMMITTEE (In Full)			_										
$ \; angle$	National Nurses United for Patient	Protection												
\angle														
	Full Name (Last, First, Middle Initial)						,							
Α.	ELead Resources					Date of Disbursement								
	Mailing Address 24.4 W. Constinue					08	7		D	/ Y	20°		Υ	
	Mailing Address 314 W Superior St					UO	٠.		8		_20	15	_	
	City	State Zip Code												
	Chicago	IL 60654				Trans	sact	ion ID	: D6	93070)			
	Purpose of Disbursement			-	\exists									
	Printing & shipping for PAC					Amoun	t of	Each	Disk	oursem	nent	this	Perio	od
	Candidate Name			egor	y/							7516	5.72	
	Office Sought: House Disburser	mont For:	Т	ype			+	7		7			Ē	
	Senate Disburser	nent For: Primary General												
	President	Other (specify)												
	State: District:	- · · · · · · · · · · · · · · · · · · ·												
	Full Name (Last, First, Middle Initial)													
В.						Date o	f Di	sburse	emer	nt				
				M = M / D = D / Y				/ Y	- Y	Υ	Υ			
	Mailing Address PO Box 1917					12		1	7		_ 20	15		
	·													
	City S Madison	State Zip Code WI 53701-1917				Trans	sact	ion ID	: De	91556	6			
	Purpose of Disbursement	33/01-191/												
	Graphic design for PAC			Amount of Each Disburseme			nent	this	Perio	od				
	Candidate Name		Cate	Category/	v/									
		Type								7		600	0.00	
	Office Sought: House Disburser	ment For:												
	Senate	Primary General												
	President	Other (specify) ▼												
_	State: District:													
_	Full Name (Last, First, Middle Initial)					Deta -	t D.	aburra -						
C.						Date o	_							
	Mailing Address					M = M	/	D	D	/ Y	II Y	Υ	Υ	
	maining / mail ood											_	_	
	City	State Zip Code												
	Purpose of Disbursement													
	Out Clate Name			Amount of Each Disburs			oursem	nent	this	Perio	od			
	Candidate Name			egor	y/									
	Office Sought: House Disburser	ment For:	I,	ype			-	7		7			_	
	Senate	Primary General												
	President	Other (specify)												
	State: District:	, , , , ,												
Г	-						-	-	-	_	_		_	$\overline{}$
s	SUBTOTAL of Disbursements This Page (optional)				•					(8)		8116	5.72	
\vdash														
ĺτ	OTAL This Period (last nage this line number only)	1									1	8473	3.55	

	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
	y information copied from such Reports and Statem for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) National Nurses United for Patient	•		
۹.	Full Name (Last, First, Middle Initial) Progressive Kick Mailing Address 1904 Franklin St Ste 725			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID : D693059
	Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursem	CA 94612-2924 nent For: Primary General	Category/ Type	Amount of Each Disbursement this Period 200000.00
		Other (specify) ▼		
3.	Full Name (Last, First, Middle Initial) Progressive Kick Mailing Address 1904 Franklin St Ste 725			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code CA 94612-2924		Transaction ID : D693067 Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	45000.00
		nent For: Primary General Other (specify)		
Э.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement Candidate Name		0.1	Amount of Each Disbursement this Period
	Office Sought: House Disbursem	nent For:	Category/ Type	
		Primary General Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (optional)			245000.00
Т	OTAL This Period (last page this line number only).		>	245000.00

SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 11 OF 53
TEMIZED DISBURSEMENTS	Use separate schedule(s		NOMBER:
LIMIZED DIODOTTOLIVILIATO	for each category of the Detailed Summary Page	1 \ \ \ \ 21h	22 23 24 25 26
	Detailed Julilliary Page	27	28a 28b 28c X 29 30
Any information copied from such Reports and Sta			
or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
angle National Nurses United for Patier	t Protection		
Full Manne /Look Firek Middle beitel			
Full Name (Last, First, Middle Initial) - Democratic Party West Caucus			Date of Disbursement
- Democratic Party West Caucus			
Mailing Address 6233 Dean Martin Drive			11 03 2015
City	State Zip Code		Transaction ID : D693077
Las Vegas	NV 89118		Transaction id . D093077
Purpose of Disbursement Non-federal contribution			Amount of Fook Dichuracment this Davied
Candidate Name			Amount of Each Disbursement this Period
Canadate Name		Category/ Type	800.00
Office Sought: House Disburs	ement For:	Туре	
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
3. Reclaim Chicago			Date of Disbursement
			M - M / D - D / Y - Y - Y - Y
Mailing Address 850 W Jefferson Blvd Suite 750			12 02 2015
Chicago	State Zip Code IL 60607		Transaction ID : D693060
Chicago Purpose of Disbursement	1L 0U0U/		
Non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	150000.00
	ement For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) 2.			Date of Disbursement
. .			
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Lacif Dispulsement this Fellou
		Type	
Office Sought: House Disburs	ement For:		, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
			450000.00
SUBTOTAL of Disbursements This Page (optional		·····•	150800.00
			150800.00
TOTAL This Period (last page this line number on	y)		150600.00

PAGE	12	OF	53	
FOR LI	NE 24	OF F	ORM	ЗХ

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
Tradional Nuises Office for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report An	mends report filed on Man / Dad / Yayayay
Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination
Mailing Address 2000 Franklin Street	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2000 Franklin Street	Amount
City State Zip Code	28.00
Oakland CA 94612	Transaction ID : D681420 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	M M / D D / Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Pornic Condoro	Oppose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.7	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee	
Alliance Graphics	Date of Public Distribution/Dissemination 08 10 2015
Mailing Address 1101 8th Street	Amount
City State Zip Code	3391.50
Berkeley CA 94710	Transaction ID : D681432 Date of Disbursement or Obligation
Purpose of Expenditure Printing & shipping Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Pornic Conders	Oppose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.7	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3419.50
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed]	Date 01 31 2015
Signature	

PAGE	13	OF	53 ORM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
ELead Resources	08 10 Y Y Y Y Y Y
Mailing Address 314 W Superior St	Amount
City State Zip Code	4210.72
Chicago IL 60654	Transaction ID : D681433 Date of Disbursement or Obligation
Purpose of Expenditure Printing & shipping Category/ Type	08 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Bernie Sanders Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: X Primary General Other (specify) Other
Full Name of Payee	
ELead Resources	Date of Public Distribution/Dissemination M
Mailing Address 314 W Superior St	Amount
City State Zip Code	4029.30
Chicago IL 60654	Transaction ID : D681434 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	08 / 28 / 2015
Name of Federal Candidate Support Off	ice Sought: House District:00
<u> </u>	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought Dis 20:	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	8240.02
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	77
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	01 31 2015
Signature	

PAGE	14	OF	53	
FOR LI	NE 24	OF FO	DRM 3X	
ENTIFIC	CATIO	N NUM	BER ▼	1

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
rvational rvuises officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Alliance Graphics	Da	Pate of Public Distribution/Dissemination
		09 28 7 2015
Mailing Address 1101 8th Street	An	mount
City State Zip Code	•	1200.00
Berkeley CA 94710		ansaction ID: D681453 Date of Disbursement or Obligation
Purpose of Expenditure Printing Categor Typ	ry/	08 / 28 / 2015
Name of Federal Candidate	Support Office So	ought: House District: 00
Bernie Sanders	Oppose Pre	esident Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099		ement For: ☐ Primary ☐ General ☐ Other (specify) ►
Full Name of Payee ELead Resources	Da	Date of Public Distribution/Dissemination
		09 23 2015
Mailing Address 314 W Superior St	Ar	mount
City State Zip Code	e	21669.03
Chicago IL 60654		ansaction ID : D681454 Date of Disbursement or Obligation
Purpose of Expenditure Printing & shipping Categor Typ	ry/	08 / 28 / 2015
Name of Federal Candidate	Support Office So	ought: House District: 00
Bernie Sanders	Oppose X Pre	resident Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099		ement For:
(a) SUBTOTAL of Itemized Independent Expenditures		22869.03
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Martha Kuhl [Electronically Filed	Date 01	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE		OF	53
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination
Mailing Address		09 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
945 Camelia St		Amount
City State Zip	Code	2831.86
	1710-1437	Transaction ID : D681455 Date of Disbursement or Obligation
Purpose of Expenditure Printing & shipping	Category/ Type	08 / 28 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disb 2016	oursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Autumn Press		09 25 2015
Mailing Address 945 Camelia St		Amount
City State Zip	p Code	5196.59
Berkeley CA 94	4710-1437	Transaction ID : D681416 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	09 / 25 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79 Disk 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures		8028.45
(b) CURTOTAL of United in a demandant English		
(b) SUBTOTAL of Unitemized Independent Expenditures	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.		
Martha Kuhl [Electronicali	ly Filed] Date	01 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

FOR LINE 24 OF FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed	i on Man / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Autumn Press		09 25 / Y Y Y Y
Mailing Address 945 Camelia St		Amount
City State Zip Cod	le	249.89
Berkeley CA 94710-		Transaction ID : D681417 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category Ty	ory/ ype	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District:00
Bernie Sanders	<u> </u>	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 64509		ursement For:
Full Marsa of Pausa		
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 09 25 2015
Mailing Address 1101 8th Street		Amount
City State Zip Coo	de	10325.08
Berkeley CA 94710		Transaction ID : D681418 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category Ty	pry/ ype	09 / D D D D D D D D D D D D D D D D D D
Name of Federal Candidate	Support Office	e Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 64509		ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		10574.97
	ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committed party committee) any political party committee or its agent.		
Martha Kuhl [Electronically File	ed] Date 0	01 31 2015
Signature	24.0	

PAGE	17	OF	53 DRM 3X
FOR I	LINE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amen	ds report filed on MMM / DDD / YYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
Alliance Graphics	09 / 25 / Y 2015
Mailing Address 1101 8th Street	Amount
City State Zip Code	5351.73
Berkeley CA 94710	Transaction ID: D681419 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Sup	oport Office Sought: House District: 00
Pornia Candara	pose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:
Full Name of Dayse	
Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2000 Franklin Street	Amount
City State Zip Code	723.30
Oakland CA 94612	Transaction ID : D681431 Date of Disbursement or Obligation
Purpose of Expenditure Shipping Category/ Type	09 / 25 / 2015
Name of Federal Candidate Superior Supe	pport Office Sought: House District: 00
Pornio Sandara	pose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed]	Date 01 31 2015
Signature	

NAME OF COMMITTEE (In Full)

Full Name of Payee Alliance Graphics

Purpose of Expenditure

Mailing Address

24-hour report

Check if

City

Berkeley

Printing

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

National Nurses United for Patient Protection

1101 8th Street

48-hour report

New report

Zip Code

Category/

Type

94710

State

CA

Amends report

PAGE 18 OF 53 FOR LINE 24 OF FORM 3X
1. 2 2 2. 3. 10. 10.
FEC IDENTIFICATION NUMBER ▼
C C00490375
filed on/
Date of Public Distribution/Dissemination
09 / 25 / 2015
Amount
28488.73
Transaction ID : D681441 Date of Disbursement or Obligation
09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House District:00
Office Sought: House District: 00 President Senate State: DC
President Senate State: DC Disbursement For: Primary General 016
✓ President Senate State: DC State: Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other
President Senate State: DC Disbursement For: Primary General 016
President Senate State: DC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination
President Senate State: DC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 Z015 Amount 19423.85
President Senate State: DC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 / 2015 Amount 19423.85
President Senate State: DC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 Z015 Amount 19423.85 Transaction ID : D681473
President Senate State: DC Disbursement For: Primary General O16 Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 / 2015 Amount 19423.85 Transaction ID: D681473 Date of Disbursement or Obligation M M M / D 30 / 2015
President Senate State: DC Disbursement For: Primary General 1016 Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 / 2015 Amount 19423.85 Transaction ID: D681473 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
President Senate State: DC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 / 2015 Amount 19423.85 Transaction ID : D681473 Date of Disbursement or Obligation M M M / D D D / 2015 Office Sought: House District: 00 President Senate State: DC Disbursement For: Primary General
President Senate State: DC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 2015 Amount 19423.85 Transaction ID : D681473 Date of Disbursement or Obligation M M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
President Senate State: DC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 / 2015 Amount 19423.85 Transaction ID : D681473 Date of Disbursement or Obligation M M M / D D D / 2015 Office Sought: House District: 00 President Senate State: DC Disbursement For: Primary General
President Senate State: DC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 2015 Amount 19423.85 Transaction ID: D681473 Date of Disbursement or Obligation M M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
President Senate State: DC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination M M M / D D / 29 / 2015 Amount 19423.85 Transaction ID: D681473 Date of Disbursement or Obligation M M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Name of Federal Candidate X Support Bernie Sanders Oppose Calendar Year-To-Date 645099.79 Per Election for Office Sought Full Name of Payee Autumn Press Mailing Address 945 Camelia St City State Zip Code CA 94710-1437 Berkeley Purpose of Expenditure Category/ Printing Type Name of Federal Candidate X Support Bernie Sanders Oppose Calendar Year-To-Date 645099.79 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Martha Kuhl [Electronically Filed] 01 31 2015 Date Signature FEC Schedule E (Form 3X) Rev. 09/2013

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		PAGE	19
		FOR LI	NE 24
NAME OF COMMITTEE (In Full)	FEC ID	ENTIFIC	CATIO

	FOR LINE 24 OF FORM	1 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	₹ ▼
National Nurses United for Patient Protecti	C C00490375	
	0 000-100010	
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report	Y
Full Name of Payee	Date of Public Distribution/Dissemination	n
Autumn Press	09	Υ
Mailing Address 945 Camelia St	Amount	_
City State	e Zip Code 17968.08	
Berkeley CA	94710-1437 Transaction ID : D681474 Date of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type Category/ 09 30 2015	Y
Name of Federal Candidate	Support Office Sought: House District: 0	0
Bernie Sanders	Oppose President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: X Primary General Control C	eral
Full Name of Payee	Date of Public Distribution/Dissemination	n
Autumn Press	10 07 2015	
Mailing Address 945 Camelia St	Amount	_
City State	e Zip Code 5249.68	
Berkeley CA	94710-1437 Transaction ID : D681737 Date of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type 10 07 2015	Y
Name of Federal Candidate	Support Office Sought: House District:	0
Bernie Sanders	Oppose President Senate State:	C
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ Gen 2016 ☐ Other (specify) ▶	eral
(a) SUBTOTAL of Itemized Independent Expenditures	23217.76	
(b) SUBTOTAL of Unitemized Independent Expenditures		$\overline{}$
		_
(c) TOTAL Independent Expenditures	······································	
	enditures reported herein were not made in cooperation, consultation, or conc authorized committee or agent of either, or (if the reporting entity is not a politi	
Martha Kuhl	[Electronically Filed] Data 01 31 2015	
Signature	Date 01 31 2015	

OF

53

PAGE	20	OF	53
FOR L	NE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Autumn Press		M 10
Mailing Address 945 Camelia St		Amount
City State Zip Co	de	3950.66
Berkeley CA 94710	-1437	Fransaction ID : D681738 Date of Disbursement or Obligation
Purpose of Expenditure Printing Categ	gory/ Type	10 07 2015
Name of Federal Candidate	Support Office	Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 6450	99.79 Disbur 2016	rsement For:
Full Name of Payee		
Alliance Graphics		Date of Public Distribution/Dissemination
Mailing Address 1101 8th Street		Amount
City State Zip Co	ode	10325.08
Berkeley CA 94710	-	Transaction ID : D681936 Date of Disbursement or Obligation
Purpose of Expenditure Printing Categ	gory/ Type	10 08 2015
Name of Federal Candidate	X Support Office	Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 6450	Disbut 2016	rsement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		14275.74
	ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Martha Kuhl [Electronically Fi.	led] Date 01	M / 31 / 2015
Signature	24.0	

PAGE	21	OF	53
FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	rt Amends report fi	led on Man / Dad / Yayayay
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination
Mailing Address		10 07 7 2015
1101 8th Street		Amount
City State 2	Zip Code	5110.50
	94710	Transaction ID : D681937 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	10 08 / 2015
Name of Federal Candidate	X Support Of	fice Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee		
Alliance Graphics		Date of Public Distribution/Dissemination 10 07 2015
Mailing Address 1101 8th Street		Amount
City State 2	Zip Code	4901.02
Berkeley CA	94710	Transaction ID : D681938 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	10 D D D Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Name of Federal Candidate	X Support O	ffice Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		10011.52
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electronic	rally Filed]	01 31 2015
Signature	24.0	

PAGE	22	OF	53
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends rep	port filed on MMM / DDD / YYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
Autumn Press	10 08 2015
Mailing Address 945 Camelia St	Amount
City State Zip Code	3020.70
Berkeley CA 94710-1437	Transaction ID : D682086 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	10 09 7 2015
Name of Federal Candidate Support	Office Sought: House District:00
Bernie Sanders Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:
Full Name of Payee	
Autumn Press	Date of Public Distribution/Dissemination 10 08 2015
Mailing Address 945 Camelia St	Amount
City State Zip Code	446.61
Berkeley CA 94710-1437	Transaction ID : D682087 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	10 09 2015
Name of Federal Candidate Support	Office Sought: House District: 00
Bernie Sanders Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	3467.31
(b) SUBTOTAL of Uniternized Independent Expenditures	···· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Da	tte 01 31 2015
Signature	

PAGE	23	OF	53 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Autumn Press		10 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 945 Camelia St		Amount
City State Zip Coc	de	295.19
Berkeley CA 94710-	1437	Transaction ID : D682088 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category T	ory/ ype	10 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 64509		rsement For:
Full Name of Pause		
Full Name of Payee ELead Resources		Date of Public Distribution/Dissemination 10 12 2015
Mailing Address 314 W Superior St		Amount
City State Zip Coo	de	56773.55
Chicago IL 60654		Transaction ID : D682326 Date of Disbursement or Obligation
Purpose of Expenditure Printing & shipping Category T	ory/ ype	10 / 12 / 2015
Name of Federal Candidate	X Support Office	Sought: House District:00
Bernie Sanders	Oppose X	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 64509		rrsement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	57068.74
(b) SUBTOTAL of Unitemized Independent Expenditures	····	7 7 7
(c) TOTAL Independent Expenditures	>	7 7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Martha Kuhl [Electronically File	ed] Date 01	1 31 2015
Signature		

PAGE	24	OF	53
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed on
Full Name of Payee Alliance Graphics	Date of Public Distribution/Dissemination
Mailing Address	10 12 7 2015
1101 8th Street	Amount
City State Zip Code	e 2387.66
Berkeley CA 94710	Transaction ID : D682327 Date of Disbursement or Obligation
Purpose of Expenditure Printing Categor Typ	
Name of Federal Candidate	Support Office Sought: House District: 00
Bernie Sanders	Oppose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099	9.79 Disbursement For: Primary General Other (specify) ►
Full Name of Payee	
Alliance Graphics	Date of Public Distribution/Dissemination 10 12 2015
Mailing Address 1101 8th Street	Amount
City State Zip Code	de 6368.47
Berkeley CA 94710	Transaction ID : D682328 Date of Disbursement or Obligation
Purpose of Expenditure Printing Categor Typ	ory/ /pe 10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Bernie Sanders	Oppose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed	ed] Date 01 31 2015
Signature	

PAGE	25	,	OF	=	53	
FOR	LINE	24	OF	FOR	М 3	3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	t Amends report f	iled on Man / Dad / Yayayay
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination
Mailing Address 045 Complia St		10 12 7 2015
945 Camelia St		Amount
City State 2	Zip Code	26606.82
	94710-1437	Transaction ID : D682393 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	10 13 / 2015
Name of Federal Candidate	X Support C	ffice Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		
Alliance Graphics		Date of Public Distribution/Dissemination 10 14 2015
Mailing Address 1101 8th Street		Amount
City State 2	Zip Code	777.79
Berkeley CA	94710	Transaction ID : D682569 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	10 D D D D D D D D D D D D D D D D D D D
Name of Federal Candidate	X Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		27384.61
(b) SUBTOTAL of Unitemized Independent Expenditures)	7 7 7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electronic	ally Filed] Date	01 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Bato	

PAGE		OF		
FOR L	INE 24	OF	FORM	ЗХ

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
National Nurses United		10 16 / Y Y Y Y Y
Mailing Address 2000 Franklin Street		Amount
City State Zip Co	ode	184.00
Oakland CA 94612	2	Transaction ID : D683008 Date of Disbursement or Obligation
	gory/ Type	10 19 / 2015
Name of Federal Candidate	X Support Office	ce Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 6450	Disk 201	oursement For:
Full Name of Payee		
Alliance Graphics		Date of Public Distribution/Dissemination
Mailing Address 1101 8th Street		Amount
City State Zip C	ode	7180.18
Berkeley CA 94710	0	Transaction ID : D683093 Date of Disbursement or Obligation
	gory/ Type	10 21 2015
Name of Federal Candidate	X Support Office	ce Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645	Disl 201	bursement For: X Primary General 6 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		7364.18
	ŕ	7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
Martha Kuhl [Electronically F	Tiled] Date	01 31 2015
Signature	Date	

PAGE	27	OF	53
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report	oort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Alliance Graphics Mailing Address 1404 8th Street	10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1101 8th Street	Amount
City State Zip Code	612.06
Berkeley CA 94710	Transaction ID : D683268 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	10 / 23 / 2015
Name of Federal Candidate Support	Office Sought: House District:00
Bernie Sanders Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Alliance Graphics	10 23 2015
Mailing Address 1101 8th Street	Amount
City State Zip Code	2486.92
Berkeley CA 94710	Transaction ID : D683270 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	10 / 23 / 2015
Name of Federal Candidate Support	Office Sought: House District: 00
Bernie Sanders Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	> 3098.98
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	te 01 31 2015
Signature	

PAGE 28 OF 53 FOR LINE 24 OF FORM 3X
C IDENTIFICATION NUMBER ▼
C00490375
/
Public Distribution/Dissemination
26 / 2015
2726.01
on ID: D683341 Disbursement or Obligation
28 / 2015
House District: 00
Senate State: DC

National Nurses United for Patier	t Protection			FEC IDE	NTIFICAT	ION NUMBER ▼
National Nuises Officed for Fatier	il Fiolection			C co	0490375	
Check if 24-hour report 48-hour repo	rt New rep	port Amends repo		M = M /	D D /	Y
Full Name of Payee			Date	of Public F)istribution	n/Dissemination
Autumn Press			Baile	M M /	D D /	Y Y Y Y Y
Mailing Address			— L	10	26	2015
Mailing Address 945 Camelia St			Amo	unt		
City	State	Zip Code				2726.01
Berkeley	CA	94710-1437		action ID: of Disburs		Obligation
Purpose of Expenditure Printing		Category/ Type		10	28	2015
Name of Federal Candidate		Support	Office Soug	ıht:	House	District: 00
Bernie Sanders		Oppose	X Presid		Senate	State: DC
		Орроос			_	- Oldio:
Calendar Year-To-Date Per Election for Office Sought	,,	645099.79	Disburseme	ont For: 2	✓ Primar ify) ►	y General
Full Name of Payee			Date	of Public [Distribution	n/Dissemination
Autumn Press				M M /	29	2015
Mailing Address 945 Camelia St			Amo	ount		
City	State	Zip Code	$ \Gamma$			1132.55
Berkeley	CA	94710-1437		saction ID:		
Purpose of Expenditure Printing		Category/ Type		M = M /	28	2015
Name of Federal Candidate		X Support	Office Soug	ght:	House	District:00
Bernie Sanders		Oppose	X Presi		Senate	State: DC
Calendar Year-To-Date			Disburseme	ent For:	Primar	y General
Per Election for Office Sought		645099.79	2016	Other (spec	eify) ▶	
				· · ·		
(a) SUBTOTAL of Itemized Independent Expe	enditures		•		7	3858.56
(b) SUBTOTAL of Unitemized Independent E	xpenditures					
			_			
(c) TOTAL Independent Expenditures			•	-	-	1 1 100 1
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	andidate or authorized	•				·
Martha Kuhl	[Electron	nically Filed] Date	M M /	31	20	15
Signature						

FOR LINE 24 OF FORM	3
	1 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Ame	ends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee Postal Systems, Inc.	Date of Public Distribution/Dissemination
Mailing Addrass	10 / 29 / 2015
1890 North Blvd.	Amount
City State Zip Code	2294.07
San Leandro CA 94577	Transaction ID : D683343 Date of Disbursement or Obligation
Purpose of Expenditure Postage Category/ Type	10 28 / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Pornic Conders	Oppose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lamar Companies	11 02 2015
Mailing Address PO Box 96030	Amount
City State Zip Code	8250.00
Baton Rouge LA 70896	Transaction ID : D689882 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	M 11 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Bernie Sanders C	Oppose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: Primary General 2016 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	10544.07
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed]	Date 01 31 2015
Signature	

NAME OF COMMITTEE (In Full)

Full Name of Payee **Lamar Companies**

24-hour report

Mailing Address PO Box 96030

Check if

City

Baton Rouge

Bernie Sanders

Printing

Purpose of Expenditure

Name of Federal Candidate

Calendar Year-To-Date

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

National Nurses United for Patient Protection

48-hour report

New report

Zip Code

Category/

Type

X Support

70896

State

LA

	PAGE 30 OF 53 FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Amends report filed	d on Mam / Dab / Yayayay
	Date of Public Distribution/Dissemination
	11 / 02 / Y Y Y Y
	Amount
е	56000.00
	Transaction ID : D689883 Date of Disbursement or Obligation
ry/ /pe	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Support Office Oppose	President Senate State: DC
	pursement For: X Primary General
	Date of Public Distribution/Dissemination
	11 02 7 2015
	Amount
e	13676.00 Transaction ID : D689884 Date of Disbursement or Obligation
pry/	M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Support Office	ce Sought: House District: 00
Oppose	President Senate State: DC
9.79 Disk 201	oursement For:

Per Election for Office Sought		645099.79	2016	Other (specify)	
Full Name of Payee Outfront Media			Da		ination 015
Mailing Address PO Box 33074			Ar	nount	
City	State	Zip Code		136	76.00
Newark	NJ	07188		nsaction ID : D689884 ate of Disbursement or Obligation	on
Purpose of Expenditure Printing		Category/ Type			2015
Name of Federal Candidate		X Support	Office So	ught: House District:	00
Bernie Sanders		Oppose	X Pre	esident Senate State:	DC
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disburser 2016	ment For:	General
The second secon				Other (specify)	
(a) SUBTOTAL of Itemized Independent I	Expenditures		. •	69676	.00
					.00
(a) SUBTOTAL of Itemized Independent I	nt Expenditures		• [.00
(a) SUBTOTAL of Itemized Independent I (b) SUBTOTAL of Unitemized Independent	independent expenditures	s reported herein were	not made	in cooperation, consultation, or	concert
(a) SUBTOTAL of Itemized Independent I (b) SUBTOTAL of Unitemized Independent (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the with, or at the request or suggestion of, a	independent expenditures independent or authorized ittee or its agent.	s reported herein were	not made of either, or	in cooperation, consultation, or	concert

PAGE	31	OF	53 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amen	ds report filed on MMM / DDD / YYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
Lamar Companies Mailing Address RO Roy 06020	11 04 2015
PO Box 96030	Amount
City State Zip Code	29125.00
Baton Rouge LA 70896	Transaction ID : D689885 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	11
Name of Federal Candidate Su	pport Office Sought: House District: 00
Pornie Conders	pose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:
Full Name of Payee	
Lamar Companies	Date of Public Distribution/Dissemination 11 02 2015
Mailing Address PO Box 96030	Amount
City State Zip Code	5560.00
Baton Rouge LA 70896	Transaction ID : D689886 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	11 D 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Su	pport Office Sought: House District: 00
Pornio Sandoro	pose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	34685.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·············
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed]	Date 01 31 2015
Signature	

PAGE	32	OF	
FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 32
NAME OF COMMITTEE (In Full)		F	EC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	Amends report f	iled on	M / D D / Y D Y D Y
Full Name of Payee		Date of	Public Distribution/Dissemination
Clear Channel Outdoor		1	
Mailing Address PO Box 591790		Amount	
City State Zi	ip Code	TI:	45300.00
	8259-0139		ion ID : D689894 Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M 1	1 04 2015
Name of Federal Candidate	Support O	ffice Sought:	House District: 00
BERNARD SANDERS		X Presiden	t Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		isbursement F	For: X Primary General er (specify) ►
Full Name of Payee			
Clear Channel Outdoor		М	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 591790		Amount	
City State Zi	ip Code	-	7400.00
San Antonio TX 7	78259-0139		iion ID : D689895 Disbursement or Obligation
Purpose of Expenditure Print advertising	Category/ Type	M 1	1 04 2015
Name of Federal Candidate	X Support C	office Sought:	House District: 00
BERNARD SANDERS	Oppose	X Presiden	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		isbursement 016 Oth	For: X Primary Genera er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			52700.00
			7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures)	· L.	4 1 4 1 4 1
(c) TOTAL Independent Expenditures)		7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized or party committee) any political party committee or its agent.			
Martha Kuhl [Electronica	ally Filed] Date	M M /	31 2015
Signature	24.0		

	PAGE		OF	
I	FOR LI	NE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER
ivational ivurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report fi	iled on Man / Dad / Yayaya
Full Name of Payee		Date of Public Distribution/Dissemination
Clear Channel Outdoor Mailing Address PO Rev 501700		11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PO Box 591790		Amount
City State Zi	ip Code	32250.00
	8259-0139	Transaction ID : D690710 Date of Disbursement or Obligation
Purpose of Expenditure Print advertising	Category/ Type	11 04 7 2015
Name of Federal Candidate	X Support Of	ffice Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		isbursement For: X Primary Gene Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Autumn Press		M M / D D / Y Y Y Y 11 07 2015
Mailing Address 945 Camelia St		Amount
City State Z	ip Code	466.32
Berkeley CA 9	94710-1437	Transaction ID : D689917 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	11 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	office Sought: House District: 00
Bernie Sanders	•	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		32716.32
(b) SUBTOTAL of Unitemized Independent Expenditures	•••••	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Martha Kuhl [Electronica	ally Filed] Date	01 31 2015
Signature	,	

PAGE	34	OF	53
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
ivational ivurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report Ar	nends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Campaign Workshop Mailing Address 4400 00th Street 2 div 200		11 11 2015
1129 20th Street, Suite 200	A	mount
City State Zip Code		23824.24
Washington DC 20036		ansaction ID : D689918 late of Disbursement or Obligation
Purpose of Expenditure Online advertising Category/ Type		11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Bernie Sanders	Oppose Pro	esident Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.7		ement For:
Full Name of Payee		
Lamar Companies		Date of Public Distribution/Dissemination
Mailing Address PO Box 96030	A	mount
City State Zip Code		19687.50
Baton Rouge LA 70896		ansaction ID: D689968 Date of Disbursement or Obligation
Purpose of Expenditure Print advertising Category Type		11 09 2015
Name of Federal Candidate	Support Office S	ought: House District:00
BERNARD SANDERS	Oppose X Pr	resident Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 23911.5		ement For:
(a) SUBTOTAL of Itemized Independent Expenditures		43511.74
		7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •	
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Martha Kuhl [Electronically Filed]	Date 01	31 2015
Signature	_4.0	

	PAGE		OF	53
	FOR L	NE 24	OF FO	ORM 3X
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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
Tradional nuises officed for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report fil	led on Man / Dad / Yayayay
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination
Mailing Address	11 09 Y Y Y Y Y Y
2000 Franklin Street	Amount
City State Zip Code	9805.00
Oakland CA 94612	Transaction ID : D689981 Date of Disbursement or Obligation
Purpose of Expenditure Online advertising Category/ Type	11 10 / Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
BERNARD SANDERS Oppose	X President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: X Primary General Other (specify)
Full Name of Payee	
California Nurses Association	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2000 Franklin Street	Amount
City State Zip Code	10466.00
Oakland CA 94612	Transaction ID : D689982 Date of Disbursement or Obligation
Purpose of Expenditure Online advertising Category/ Type	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	ffice Sought: House District:00
BERNARD SANDERS Oppose	President Senate State: NV
	sbursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	20271.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	•
Martha Kuhl [Electronically Filed] Date	01 31 2015
Signature	

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HEDULE E (FEC Form 3X)				
MIZED INDEPENDENT EXPENDITURES	PAGE	36	OF	53
	FOR LI	NE 24	OF FC	RM 3X

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		
		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends repor	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Javier Moreno Polllaroio		11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1521 3rd Ave		Amount
City State	Zip Code	20.00
Oakland CA	94606	Transaction ID : D689983 Date of Disbursement or Obligation
Purpose of Expenditure Translation services	Category/ Type	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	103164.16	Disbursement For:
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination
Mailing Address 1101 8th Street		11 11 2015 Amount
City State	Zip Code	10064.71
Berkeley CA	94710	Transaction ID : D689984 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	11 10 2015
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		10084.71
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed]	01 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	5. 5. 2010

PAGE	37	OF	53 ORM 3X
FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		F	EC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on	M / D = D / Y = Y = Y
Full Name of Payee Autumn Press		Date of	Public Distribution/Dissemination
Mailing Address		1	
945 Camelia St		Amount	
City State	Zip Code		28834.92
Berkeley CA	94710-1437		ion ID : D689991 Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M 1	1 11 2015
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presiden	t Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement 2016	For:
Full Name of Payee			Public Distribution/Dissemination
Autumn Press		M	
Mailing Address 945 Camelia St		Amount	لىننىا لىا ك
City State	Zip Code		1256.44
Berkeley CA	94710-1437		ion ID : D689992 Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type		1 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought:	House District:00
BERNARD SANDERS	Oppose	X Presider	t Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	137019.01	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures			30091.36
			7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expenditures		-	7 7 7
(c) TOTAL Independent Expenditures		•	7-1-7-1-7-1
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electroni	ically Filed] Date	M M / 01	31 2015
Signature			

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CHEDULE E (FEC Form 3X)		
MIZED INDEPENDENT EXPENDITURES	PAGE	38

TEMIZED INDEPENDENT EXPENDITURES		PAC FO	GE 38 OF 53 R LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDEN	TIFICATION NUMBER ▼
National Nurses United for Patient Protection		C coo.	490375
		M M / D	
Check if 24-hour report 48-hour report New report	t Amends repor		
Full Name of Payee Alliance Graphics		Date of Public Dis	stribution/Dissemination
<u> </u>		11 /	12 / 2015
Mailing Address 1101 8th Street		Amount	
City State 2	Zip Code		2144.01
	94710	Transaction ID : D	689993
Purpose of Expenditure	Category/	Date of Disburser	nent or Obligation
Printing	Type	11 /	12 2015
Name of Federal Candidate	X Support	Office Sought:	louse District:00
Bernie Sanders	Oppose	Y President S	Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For: X 2016 Other (specify	
Full Name of Payee			stribution/Dissemination
Alliance Graphics		M M / E) D / Y Y Y Y Y
Mailing Address 1101 8th Street			12 2015
Trot out Street		Amount	
City State 2	Zip Code		1161.20
	94710	Transaction ID : D Date of Disburser	689994 ment or Obligation
Purpose of Expenditure Printing	Category/ Type	11 /	12 / 2015
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X President S	Senate State: DC
Calendar Year-To-Date	645099.79	Disbursement For: X	Primary General
Per Election for Office Sought	043033.73	Other (specify	y) ►
() OUR			
(a) SUBTOTAL of Itemized Independent Expenditures		•	3305.21
(b) SUBTOTAL of Unitemized Independent Expenditures			
		7	7 7
(c) TOTAL Independent Expenditures		>	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.			
Martha Kuhl [Electronic	ally Filed!	M M / D D /	Y
Signature	Date	01 31	2015

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

National Nurses United for Patient Protection

	PAGE 39 OF 53 FOR LINE 24 OF FORM 3X
FEC ID	ENTIFICATION NUMBER ▼
C	C00490375
n M M /	D = D / Y = Y = Y = Y
Date of Public	Distribution/Dissemination
11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Amount	
	12114.81
	: D689995 rsement or Obligation
11 /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sought:	House District: 00
President	Senate State: DC
ement For:	Primary General
Other (spe	ecify) ►
Date of Public	Distribution/Dissemination
11	16 / 2015
Amount	
	11966.50
ransaction ID Date of Disbu	D: D690136 ursement or Obligation
11	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sought:	House District:00
President	Senate State: NV
sement For:	X Primary General
Other (sp	ecify) ►
	2/081 31

			0 00430373
Check if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Alliance Graphics			11
Mailing Address 1101 8th Street			Amount
City	State	Zip Code	12114.81
Berkeley	CA	94710	Transaction ID : D689995 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Bernie Sanders		Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Outfront Media			11 16 2015
Mailing Address 185 US Highway 46			Amount
City	State	Zip Code	11966.50
Fairfield	NJ	07004	Transaction ID : D690136 Date of Disbursement or Obligation
Purpose of Expenditure Print advertising		Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
BERNARD SANDERS		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		103164.16	Disbursement For:
(a) SUBTOTAL of Itemized Independent	Expenditures		> 24081.31
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		·· •
(c) TOTAL Independent Expenditures			
. , , , , ,	any candidate or authorized	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Martha Kuhl	[Electron	ically Filed]	a 01 31 2015
Signature	<u> </u>	Date	

FOR LINE 24 OF FORM 3X
TOTT EINE ET OF TOTTIVI OX

	TOTI LINE 24 OF FORTING SX
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
Tradional Traises Officed for Laudill Flotection	C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Outfront Media	11 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 185 US Highway 46	Amount
City State Zip	Code 9299.23
Fairfield NJ 070	
Purpose of Expenditure Print advertising	ategory/ Type 11 16 2015
Name of Federal Candidate	Support Office Sought: House District: 00
BERNARD SANDERS	Support Office Sought: House District: 00 Oppose President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
E II News of Days	
Full Name of Payee Alliance Graphics	Date of Public Distribution/Dissemination
Mailing Address 1101 8th Street	11 13 2015 Amount
City State Zip	Code 32.71
	710 Transaction ID : D690141
Purpose of Expenditure	Date of Disbursement or Obligation
Shippimg	ategory/ Type 11 16 2015
Name of Federal Candidate	Support Office Sought: House District: 00
Bernie Sanders	Oppose President Senate State: DC
Calendar Year-To-Date	Disbursement For: X Primary General
Per Election for Office Sought	45099.79
(a) SUBTOTAL of Itemized Independent Expenditures	9331.94
(-)	
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.	
Martha Kuhl [Electronically	y Filed] Date 01 31 2015
Signature	Date

Martha Kuhl

Signature

	CHEDULE E (FEC Form :					
Т	EMIZED INDEPENDENT EXPEN	IDITURES			PAGE 41 FOR LINE 2	OF 53 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			F	EC IDENTIFICATI	ON NUMBER ▼
1	National Nurses United for P	atient Protection			C C00490375	
С	heck if 24-hour report 48-hou	r report New repo	ort Amends repo	ort filed on	M / D D /	Y Y Y Y Y
	Full Name of Payee Autumn Press				Public Distribution	
	Mailing Address 945 Camelia St				1 13	2015
	943 Carriella St			Amount	t	
	City	State	Zip Code			1481.40
	Berkeley	CA	94710-1437		tion ID: D690143 Disbursement or 0	Obligation
	Purpose of Expenditure Printing		Category/ Type	M 1	1 16	2015
	Name of Federal Candidate		Support	Office Sought:	House	District:00
	Bernie Sanders		Oppose	X Presiden	senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement 2016 Oth	For:	/ General
	Full Name of Payee			Date of	Public Distribution	n/Dissemination
	Lamar Companies				11 16	2015
	Mailing Address PO Box 96030			Amount	t	
	City	State	Zip Code			2250.00
	Baton Rouge	LA	70896		tion ID : D690180 Disbursement or	Obligation
	Purpose of Expenditure Print advertising		Category/ Type		11 / 17	2015
	Name of Federal Candidate		Support	Office Sought:	House	District: 00
	BERNARD SANDERS		Oppose	X Presider	nt Senate	State: SC
	Calendar Year-To-Date Per Election for Office Sought		23911.50	Disbursement 2016 Oth	For: Primary	y General
	•					
	(a) SUBTOTAL of Itemized Independen	ıt Expenditures		· •	7 7	3731.40
	(b) SUBTOTAL of Unitemized Independ	dent Expenditures		·· •	7 7	
	(c) TOTAL Independent Expenditures				4 4	
	Under penalty of perjury I certify that the with, or at the request or suggestion of party committee) any political party committee.	, any candidate or authorized				

[Electronically Filed]

2015

31

01

Date

PAGE	42	OF	53
FOR L	NE 24	OF FO	DRM 3

				TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patie	ant Protection			FEC IDENTIFICATION NUMBER ▼
inational nurses united for Patte	ent Protection			C C00490375
Check if 24-hour report 48-hour rep	port New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Da	te of Public Distribution/Dissemination
Javier Moreno Polllaroio				11 25 / Y Y Y Y Y Y
Mailing Address 1521 3rd Ave			An	nount
City	State	Zip Code		107.76
Oakland	CA	94606		nsaction ID : D690633 tte of Disbursement or Obligation
Purpose of Expenditure Translation services		Category/ Type		11 20 / 2015
Name of Federal Candidate		X Support	Office So	ught: House District:00
Bernie Sanders		Oppose		sident Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursen 2016	
				Other (specify)
Full Name of Payee Alliance Graphics			Da	ate of Public Distribution/Dissemination
Mailing Address 1101 8th Street			Δ	12 03 2015
			An	nount
City	State	Zip Code		17159.50
Berkeley	CA	94710		nsaction ID : D690857 ate of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		11 25 / 2015
Name of Federal Candidate		X Support	Office So	ught: House District:00
Bernie Sanders		Oppose	X Pre	esident Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disburser 2016	ment For:
(a) SUBTOTAL of Itemized Independent Ex	penditures		• [17267.26
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
(c) TOTAL Independent Expenditures	<u>.</u>		• •	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized	•		•
Martha Kuhl	[Electron	ically Filed]	M M M	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	<u> </u>	Date	, , ,	

PAGE 43 OF 53 FOR LINE 24 OF FORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association lowa caucus	12 04 2015
Mailing Address 2000 Franklin Street	Amount
City State Zip Code	5000.00
Oakland CA 94612	Transaction ID : D691080 Date of Disbursement or Obligation
Purpose of Expenditure Online advertising Category/ Type	12 07 7 2015
Name of Federal Candidate Support Office	ce Sought: House District:00
DEDNADD CANDEDC	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Dist. 2016	oursement For:
Full Name of Payee	
California Nurses Association Nevada primary	Date of Public Distribution/Dissemination 12 04 2015
Mailing Address 2000 Franklin Street	Amount
City State Zip Code	5000.00
Oakland CA 94612	Transaction ID : D691081 Date of Disbursement or Obligation
Purpose of Expenditure Online advertising Category/ Type	12 07 2015
Name of Federal Candidate Support Office	ce Sought: House District: 00
DEDNADD CANDEDC	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	01 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE	44	OF	53	
FOR L	INE 24	OF F	ORM :	3X
SENTIFICATION NUMBER W				

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Notional Number District Dis					
National Nurses United for Patient Protection		C C00490375			
Check if 24-hour report 48-hour report New report	Amends report filed	on M M / D D / Y Y Y Y Y			
Full Name of Payee		Date of Public Distribution/Dissemination			
Autumn Press		12 03 7 2015			
Mailing Address 945 Camelia St		Amount			
City State Zip	Code	1376.54			
,	710-1437	Transaction ID : D691083 Date of Disbursement or Obligation			
Purpose of Expenditure Printing Ca	ategory/ Type	12 07 7 2015			
Name of Federal Candidate	Support Office	Sought: House District:00			
Bernie Sanders		President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought 62	Disbu 45099.79 2016	ursement For:			
Full Name of Payer					
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination 12 08 2015			
Mailing Address 1101 8th Street		Amount			
City State Zip	Code	6007.90			
Berkeley CA 94	710	Transaction ID : D691084 Date of Disbursement or Obligation			
Purpose of Expenditure Printing Ca	ategory/ Type	12 08 2015			
Name of Federal Candidate	X Support Office	e Sought: House District:00			
Bernie Sanders	· ·	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought 6	Disbu 2016	ursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures		7384.44			
	·				
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7 7 7			
(c) TOTAL Independent Expenditures	>				
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.					
Martha Kuhl [Electronically	y Filed] Date 0	1 31 2015			
Signature					

PAGE	45	OF	53
FOR I	INE 24	OF I	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Officed for Fatient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination
Mailing Address		12 07 7 2015
2000 Franklin Street		Amount
City State Zip	Code	100.00
Oakland CA 94	612	Transaction ID : D691082 Date of Disbursement or Obligation
Purpose of Expenditure Online advertising	Category/ Type	12 09 / 2015
Name of Federal Candidate	Support Office	e Sought: House District:00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbu 345099.79 2016	
		Other (specify) ►
Full Name of Payee Lamar Companies		Date of Public Distribution/Dissemination
Mailing Address PO Box 96030		12 09 2015 Amount
City State Zip	o Code	1974.00
	0896	Transaction ID : D691085 Date of Disbursement or Obligation
Purpose of Expenditure Print advertising	Category/ Type	12 09 2015
Name of Federal Candidate	Support Offic	e Sought: House District: 00
BERNARD SANDERS		President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	23911.50 Disb 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	2074.00
(b) SUBTOTAL of Uniternized Independent Expenditures		
. ,		7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Martha Kuhl [Electronicall	ly Filed] Date	11 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Sato	

PAGE		3	OF	53	
FOR	LINE	24 ()F F	ORM 3X	

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼						
C C00490375						
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed o	on M = M / D = D / Y = Y = Y		
	Full Name of Payee			Date of Public Distribution/Dissemination		
	Autumn Press			12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Mailing Address 945 Camelia St			Amount		
┢	City State	Zip Code		5738.56		
- 1	Berkeley CA	94710-1437		ransaction ID : D691232 Date of Disbursement or Obligation		
	Purpose of Expenditure Printing	Category/ Type		12 10 2015		
ŀ	Name of Federal Candidate	Support	Office	Sought: House District: 00		
	Bernie Sanders	Oppose		President Senate State: DC		
	Calendar Year-To-Date Per Election for Office Sought	645099.79	Disburs 2016	sement For:		
ı	Full Name of Payee			Date of Public Distribution/Dissemination		
	Autumn Press			12 11 2015		
	Mailing Address 945 Camelia St			Amount		
-	01.1	7' 0 1		2440.75		
	City State Berkeley CA	Zip Code 94710-1437	Т	3148.75 Transaction ID : D691233		
ŀ	Purpose of Expenditure Printing	Category/	\neg	Date of Disbursement or Obligation		
	ů	Type		12 10 2015		
-	Name of Federal Candidate	X Support	Office	Sought: House District: 00		
	Bernie Sanders	Oppose	X	President Senate State: DC		
	Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbur 2016	sement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		•	8887.31		
(b) SUBTOTAL of Unitemized Independent Expenditures		•	1 1 7 1 7 1 7		
(c) TOTAL Independent Expenditures		•			
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.					
	Martha Kuhl [Electroni	cally Filed] Date	M 01	M / 31 / 2015		
	Signature	_ Date				

ſ	PAGE	47	OF	53	
Ì	FOR I	LINE 24	OF FO	ORM 3X	
DENTIFICATION NUMBER ▼					

		TOTT LINE 24 OF TOTTWO 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protecti	on	FEC IDENTIFICATION NUMBER ▼
Tradional rulises office for Fatient Frotesti	OH	C C00490375
Check if 24-hour report 48-hour report	New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Electrum Resources Mailing Address 22525 Mayorilla Rd		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
23535 Maysville Rd		Amount
City State	Zip Code	1850.00
Maysville IA	52773-9767	Transaction ID : D691560 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	12 16 / Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Bernie Sanders	Oppose X	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disb 645099.79 2016	
	7	U Other (specify) ►
Full Name of Payee John Murray Productions		Date of Public Distribution/Dissemination
Mailing Address 1196 32nd Street		12 18 2015 Amount
Olto	7's Oads	6903.68
City State Emeryville CA	Zip Code 94608	Transaction ID : D691557
Purpose of Expenditure		Date of Disbursement or Obligation
Event production and staging	Category/ Type	12 17 2015
Name of Federal Candidate	Support Office	e Sought: House District:00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79 Disb	
		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	8753.68
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	•	·
Martha Kuhl	[Electronically Filed] Date	01 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	النتا النا ال

PAGE	48	OF	53 DRM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER					
rvational rivulses officed for Fatient F10tection	C C00490375				
Check if 24-hour report 48-hour report New report Amen	ds report filed on				
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination				
Mailing Addross	12 / 16 / Y 2015				
2000 Franklin Street	Amount				
City State Zip Code	50.00				
Oakland CA 94612	Transaction ID : D691558 Date of Disbursement or Obligation				
Purpose of Expenditure Online advertising Category/ Type	12 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
<u> </u>	pport Office Sought: House District: 00				
Bernie Sanders Opp	pose President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:				
Full Name of Payee	Date of Public Distribution/Dissemination				
ELead Resources	12 18 2015				
Mailing Address 314 W Superior St	Amount				
City State Zip Code	1687.50				
Chicago IL 60654	Transaction ID : D691559 Date of Disbursement or Obligation				
Purpose of Expenditure Printing & shipping Category/ Type	12 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Sup	oport Office Sought: House District: 00				
Bernie Sanders Op	pose President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For:				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures	······································				
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •				
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.					
Martha Kuhl [Electronically Filed]	Date 01 31 2015				
Signature					

	PAGE 49 OF 53 FOR LINE 24 OF FORM 3X
ID	DENTIFICATION NUMBER ▼
	C00490375
/	D = D / Y = Y = Y
blic	Distribution/Dissemination
1	11 2016

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	· L D · · L · · · · ·			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patier	nt Protection			C C00490375
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	e of Public Distribution/Dissemination
Campaign Workshop				01 11 2016
Mailing Address 1129 20th Street, Suite 200			Am	ount
City	State	Zip Code		58745.88
Washington	DC	20036		saction ID : D692603 e of Disbursement or Obligation
Purpose of Expenditure Printing and mailshop fees		Category/ Type		12 / 21 / 2015
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
BERNARD SANDERS		Oppose	X Pres	
Calendar Year-To-Date Per Election for Office Sought		137019.01	Disbursem 2016	
				Other (specify) -
Full Name of Payee Campaign Workshop			Dat	te of Public Distribution/Dissemination 1
Mailing Address 1129 20th Street, Suite 200			Am	ount
				
City	State	Zip Code		21298.05
Washington	DC	20036		saction ID : D693073 te of Disbursement or Obligation
Purpose of Expenditure Printing and mailshop fees		Category/ Type		12 / 21 / 2015
Name of Federal Candidate		X Support	Office Sou	ight: House District:00
BERNARD SANDERS		Oppose	X Pres	-
Calendar Year-To-Date Per Election for Office Sought		103164.16	Disbursem 2016	nent For:
	, , ,			Other (specify)
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	80043.93
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
				4 4 4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Martha Kuhl	[Electroni	ically Filed] Date	M M M	31 2015
Signature		_ Date		للتثثثا لثنا

PAGE 50 OF 53 FOR LINE 24 OF FORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report fi	iled on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign Workshop Mailing Address 4400 20th Street Suite 200	01 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1129 20th Street, Suite 200	Amount
City State Zip Code	22163.61
Washington DC 20036	Transaction ID : D693074 Date of Disbursement or Obligation
Purpose of Expenditure Printing and mailshop fees Category/ Type	12 21 7 2015
Name of Federal Candidate Support Of	ffice Sought: House District:00
DEDNADD CANDEDC	President Senate State: NV
	isbursement For:
Full Name of Payee Bus Bank	Date of Public Distribution/Dissemination 01 04 2016
Mailing Address 820 West Jackson	Amount
Suite 815	
City State Zip Code	120635.00
Chicago IL 60607	Transaction ID : D691806 Date of Disbursement or Obligation
Purpose of Expenditure Bus tour expenses Category/ Type	12 / 22 / 2015
Name of Federal Candidate Support O	Office Sought: House District:00
Demis Condon	President Senate State: DC
	isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	142798.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	01 31 2015
Signature	

PAGE	51	OF	53	
FOR L	INE 24	OF F	ORM 3	X

		TOTT LINE 24 OF TOTTWO 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIGHALIVOISES OFFICE TOFF ALIEFICE FOLECTION		C C00490375
Check if 24-hour report 48-hour report New	report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination
Mailing Address		01 / 04 / 2016
1101 8th Street		Amount
City State	Zip Code	1780.02
Berkeley CA	94710	Transaction ID : D691807 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	12 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Bernie Sanders	Oppose	
Calendar Year-To-Date Per Election for Office Sought	Dis 645099.79 201	
	,	Other (specify)
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination
Mailing Address 1101 8th Street		01 04 2016 Amount
City State	Zip Code	3675.13
Berkeley CA	94710	Transaction ID : D691808 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	12 28 7 2015
Name of Federal Candidate	X Support Off	ice Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79 Dis 20	sbursement For:
		Guior (speedily)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	5455.15
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.	•	· · · · · · · · · · · · · · · · · · ·
Martha Kuhl [Ele	ctronically Filed] Date	01 31 2015
Signature	Date	

	PAGE 52 FOR LINE	OF 53 24 OF FORM 3X
FEC IDE	ENTIFICAT	ION NUMBER ▼
	00490375	
/ / /	D D /	YIYIY
of Public	Distribution	n/Dissemination
01 /	04	2016
ınt		
		11940.00
	: D691809 sement or	
12 /	28	2015
nt:	House	District:00
ent	Senate	State: DC
nt For:	X Primar	y General
ther (spe	ecify) 🕨	
of Public	Distribution	n/Dissemination
01	04	2016
ınt		
		9511.69
	: D691810 sement or	Obligation
12	28	2015
nt:	House	District:00
ent	Senate	State:IA
nt For:	X Primar	ry General
Other (spe	ecify) 🕨	

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amend	ds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Autumn Press	01 04 2016
Mailing Address 945 Camelia St	Amount
City State Zip Code	11940.00
Berkeley CA 94710-1437	Transaction ID : D691809 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	12 28 2015
Name of Federal Candidate Sup	port Office Sought: House District: 00
Bernie Sanders Opp	pose President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: X Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Autumn Press	01 04 2016
Mailing Address 945 Camelia St	Amount
City State Zip Code	9511.69
Berkeley CA 94710-1437	Transaction ID : D691810 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	12 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Sup	pport Office Sought: House District: 00
BERNARD SANDERS Opp	pose President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 137019.01	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	21451.69
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed]	Date 01 31 2015
Signature	Date 1. 2. 2010

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SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES	PAGE	53
	FOR LI	INE 24

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patier	nt Protection			C C00490375
Check if 24-hour report 48-hour report	rt New rep	oort Amends repo		M / D D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Autumn Press			N	01 04 2016
Mailing Address 945 Camelia St			Amou	
City	Chaha	7:- C		1160.72
City Berkeley	State CA	Zip Code 94710-1437	Tranca	1160.72 ction ID : D691811
,	<u> </u>	94710-1437		of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		12 / 28 / 2015
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Bernie Sanders		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursemen 2016	nt For:
Full Name of Payee				of Public Distribution/Dissemination
Alliance Graphics				// M / D D / Y Y Y Y
Mailing Address			L	01 04 2016
1101 8th Street			Amou	ınt
City	State	Zip Code		1126.23
Berkeley	CA	94710		oction ID : D691812 of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		12 29 2015
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00
Bernie Sanders		Oppose	X Presid	ent Senate State: DC
Calendar Year-To-Date			Disbursemer	nt For: X Primary General
Per Election for Office Sought		645099.79	2016 C	Other (specify)
(a) SUBTOTAL of Itemized Independent Expe	enditures		·· •	2286.95
(b) SUBTOTAL of Unitemized Independent Ex	xpenditures		" ▶	4 4
(c) TOTAL Independent Expenditures				918493.69
				7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl	[Flactron	nically Filed]	M M /	D D / Y Y Y Y
Signature	Election	Date	01	31 2015

OF

53